

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6	/						56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13	/						63				
14		/					64				
15		/					65				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	16						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				